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|--|---|------------------|---|--|
| <b>SCC eFile</b>   | <b>2012 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | <b>212513635</b> |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>THE WEST HANOVER FOX HUNTERS ASSOCIATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>DONNA M. TERRELL</b><br/> <b>16097 ROBERT TERRELL RD.</b><br/> <b>MONTPELIER, VA 23192</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2012</b></p> <p>SCC ID NO: <b>01310952</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> |   |                  | CLASS   | AUTHORIZED   |
| CLASS  | AUTHORIZED  |                  |   |  |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 16097 ROBERT TERRELL RD</p> <p style="text-align: center;">CITY/ST/ZIP: MONTPELIER, VA 23192</p>  |   |                  |   |  |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>  |   |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENNETH W. WILLIAMSON<br/> TITLE: DIRECTOR<br/> ADDRESS: 18411 BEAVERDAM ROAD<br/> CITY/ST/ZIP/CO: MONTPELIER, VA 23192 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: KENNETH W. WILLIAMSON<br>TITLE: DIRECTOR<br>ADDRESS: 18411 BEAVERDAM ROAD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |
| NAME: KENNETH W. WILLIAMSON<br>TITLE: DIRECTOR<br>ADDRESS: 18411 BEAVERDAM ROAD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD MARSHALL<br/> TITLE: PRESIDENT<br/> ADDRESS: 5137 STANFIELD ROAD<br/> CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: DONALD MARSHALL<br>TITLE: PRESIDENT<br>ADDRESS: 5137 STANFIELD ROAD<br>CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553     | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DONALD MARSHALL<br>TITLE: PRESIDENT<br>ADDRESS: 5137 STANFIELD ROAD<br>CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553  | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT N TERRELL<br/> TITLE: DIRECTOR<br/> ADDRESS: 16118 ROBERT TERRELL RD<br/> CITY/ST/ZIP/CO: MONTPELIER, VA 23192 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: ROBERT N TERRELL<br>TITLE: DIRECTOR<br>ADDRESS: 16118 ROBERT TERRELL RD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |
| NAME: ROBERT N TERRELL<br>TITLE: DIRECTOR<br>ADDRESS: 16118 ROBERT TERRELL RD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONNA M. TERRELL<br/> TITLE: SEC/TREAS<br/> ADDRESS: 16097 ROBERT TERRELL RD<br/> CITY/ST/ZIP/CO: MONTPELIER, VA 23192 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: DONNA M. TERRELL<br>TITLE: SEC/TREAS<br>ADDRESS: 16097 ROBERT TERRELL RD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |
| NAME: DONNA M. TERRELL<br>TITLE: SEC/TREAS<br>ADDRESS: 16097 ROBERT TERRELL RD<br>CITY/ST/ZIP/CO: MONTPELIER, VA 23192   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR                       |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WAYNE BOYD<br/> TITLE: DIRECTOR<br/> ADDRESS: PO BOX 844<br/> CITY/ST/ZIP/CO: LOUISA, VA 23093 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                  | NAME: WAYNE BOYD<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 844<br>CITY/ST/ZIP/CO: LOUISA, VA 23093                          | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |
| NAME: WAYNE BOYD<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 844<br>CITY/ST/ZIP/CO: LOUISA, VA 23093   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAIGE BRANNAN<br/> TITLE: DIRECTOR<br/> ADDRESS: 98 JOHNSONS MILL ROAD<br/> CITY/ST/ZIP/CO: BUMPASS, VA 23024 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                  | NAME: PAIGE BRANNAN<br>TITLE: DIRECTOR<br>ADDRESS: 98 JOHNSONS MILL ROAD<br>CITY/ST/ZIP/CO: BUMPASS, VA 23024           | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |
| NAME: PAIGE BRANNAN<br>TITLE: DIRECTOR<br>ADDRESS: 98 JOHNSONS MILL ROAD<br>CITY/ST/ZIP/CO: BUMPASS, VA 23024  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                       |                  |   |  |

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| NAME:           | EDWARD CORKER            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | P. O. Box 133            |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | EDWARD CORKER            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 18310 TEMAN ROAD         |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | GERALD GLASCO            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 20437 ANDERSON MILL ROAD |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | RICHARD GLASCO           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 17117 TYLER STATION ROAD |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | JERAMY GRAVES            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 19176 WOODSONS MILL ROAD |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | JIMMY HEATH              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT           |   |  |
| ADDRESS:        | 4525 CROWN HILL ROAD     |   |  |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111 |   |  |
| NAME:           | BROCK HITT               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 16520 GOSHEN ROAD        |   |  |
| CITY/ST/ZIP/CO: | MONTPELIER, VA 23192     |   |  |
| NAME:           | CHAD HOLLINS             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 1800 WILLOW BROOK ROAD   |   |  |
| CITY/ST/ZIP/CO: | BUMPASS, VA 23024        |   |  |
| NAME:           | BILL LOWRY               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 2092 SIGNBOARD RD        |   |  |
| CITY/ST/ZIP/CO: | BUMPASS, VA 23024        |   |  |
| NAME:           | JIMMY MARSHALL           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 15465 TYLER STATION ROAD |   |  |
| CITY/ST/ZIP/CO: | BEAVERDAM, VA 23015      |   |  |
| NAME:           | KEVIN MARSHALL           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |   |  |
| ADDRESS:        | 5137 STANFIELD ROAD      |   |  |
| CITY/ST/ZIP/CO: | SPOTSYLVANIA, VA 22553   |   |  |

|  |                                  |                                  |  |
|--|----------------------------------|----------------------------------|--|
| NAME:  | JAMES C. MCFARLAND               | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 17377 SLEEPY HOLLOW LANE         |                                  |  |
| CITY/ST/ZIP/CO:  | DOSWELL, VA 23043                |                                  |  |
| NAME:  | BEN SLAYTON                      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 18298 TEMAN ROAD                 |                                  |  |
| CITY/ST/ZIP/CO:  | BEAVERDAM, VA 23015              |                                  |  |
| NAME:  | STEVE TALLEY                     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 15365 BOURNE ROAD                |                                  |  |
| CITY/ST/ZIP/CO:  | MONTPELIER, VA 23192             |                                  |  |
| NAME:  | SAM TATE                         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 1148 GARDNERS ROAD               |                                  |  |
| CITY/ST/ZIP/CO:  | MINERAL, VA 23117                |                                  |  |
| NAME:  | NICK TIPTON                      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 16312 CHISWELL LANE              |                                  |  |
| CITY/ST/ZIP/CO:  | BEAVERDAM, VA 23015              |                                  |  |
| NAME:  | ANDY WICKHAM                     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 16109 WOODMAN HALL ROAD          |                                  |  |
| CITY/ST/ZIP/CO:  | MONTPELIER, VA 23192             |                                  |  |
| NAME:  | TUCK WILLIAMSON                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:   | DIRECTOR                         |                                  |  |
| ADDRESS:   | 17028 BEAVERDAM ROAD             |                                  |  |
| CITY/ST/ZIP/CO:  | BEAVERDAM, VA 23015              |                                  |  |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |                                  |                                  |  |
| /s/ DONNA M. TERRELL   | DONNA M. TERRELL, SEC/TREAS      | 4/16/2012                        |  |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | PRINTED NAME AND CORPORATE TITLE | DATE                             |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |                                  |                                  |  |